

PART B - FEES) TRANSMITTAL

Complete and send this form, together with applicable fee(s), for **Mail** **Mail Stop ISSUE FEE**
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance, order and notification of maintenance fee, will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FILE ADDRESS" for maintenance fee notification.

CORRESPONDENCE ADDRESS: (Block 1) See any change of address.

Note: A certificate of mailing can only be used for domestic mailings of this Patent Transmittal. This certificate cannot be used for any other corresponding patent. Each additional party, such as an assignee or formal drawing, must have its own certificate of mailing or transmittal.

Certificate of Mailing or Transmittal

I hereby certify that this Patent Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address, above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below:

_____ (Signature)
_____ (Print name)
_____ (Date)

APPLICANT'S FIRM NO.	FILE NO. DATE	INVENTOR NAME(S) PRINTED	ATTORNEY/LOCKET NO.	CONFIRMATION NO.
----------------------	---------------	--------------------------	---------------------	------------------

10504504	05/03/2017	Patent by Usal	0152-074(PUR)	3707
----------	------------	----------------	---------------	------

TITLE OF INVENTION: HARDENER FOR EPOXY RESIN AND EPOXY RESIN COMPOSITION

APPL. TYPE	SMALL ENTITY	ISSUE FEE/FILE	PUBLICATION FEE/FILE	ISSUE DATE/ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
------------	--------------	----------------	----------------------	----------------------	------------------	----------

nonprovisional	NO	\$1510	\$300	\$0	\$1810	09/28/2019
----------------	----	--------	-------	-----	--------	------------

EXAMINER	ART UNIT	CLASSIFICATION
----------	----------	----------------

FREELY, MICHAEL J	1796	525-526600
-------------------	------	------------

1. Change of Correspondence address or indication of "Fee Address" (37 CFR 1.33)	2. Fee printing on the patent front page, list	3. Birch Stewart Kolosch & Birch, LLP
<input type="checkbox"/> Change of Correspondence address for Change of Correspondence Address. Form PTO/SB/122 attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	1. _____
<input type="checkbox"/> "Fee Address" indication for "Fee Address" indication form PTO/SB/122, Rev. 03-02 (a more recent attached). Use of a Customer Number is required.	(2) the name of a single firm sharing to a member a registered attorney or agent and the names of up to 3 registered patent attorneys or agents. If no name is listed, no name will be printed.	2. _____
		3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.31. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE	(B) RESIDENCE (CITY AND STATE OR COUNTRY)
----------------------	---

ASAHI KASEI CHEMICALS CORPORATION	Tokyo, JAPAN
-----------------------------------	--------------

Please check the appropriate signature category or categories (will not be printed on the patent): ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted.	4b. Payment of Fee(s). (Please first re-pay any previously paid issue fee shown above)
<input checked="" type="checkbox"/> Issue fee	<input type="checkbox"/> A check is enclosed.
<input checked="" type="checkbox"/> Publication fee (No small entity discount permitted)	<input type="checkbox"/> Payment by credit card Form PTO-2036 is attached.
<input checked="" type="checkbox"/> Advance Order - Fee of Copies - Four (4)	<input checked="" type="checkbox"/> The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to deposit account number 02-2446 (enclose an extra copy of this form)

5. Change in Entity Status - (to or from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27 ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(c)(4).

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant, a registered attorney or agent, or the assignee or other party in interest as shown by the record of the United States Patent and Trademark Office.

Authorized Signature	Date
	SEP 21 2010
Typed or printed name	Registration No.
John W. Bailey	32,881

This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file and by the USPTO (6-000000) an application. Confidentiality is governed by 37 CFR 1.312 and 37 CFR 1.313. This collection is intended to take 12 minutes to complete, including publishing, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comment on the amount of time you require to complete this form and/or suggestion for reducing this burden should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. (P) 571-273-2885 OR COMPLETED FORMS TO: ITDS (ADDRESS: 3707) TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.